

A Rare Case of Intraoperative Takotsubo Cardiomyopathy Diagnosed After Caesarean Section

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Background

Peripartum cardiovascular disease is a significant contributor to maternal morbidity and mortality. Most reported cases of cardiomyopathy in pregnancy are attributed to peripartum cardiomyopathy, however Takotsubo cardiomyopathy (TCM) is an important differential to consider. TCM is rare in pregnancy and is defined by acute left ventricular systolic dysfunction, typically caused by emotional or physiological stress.

Case

A G3P1M1 24-year-old female at 37+0 weeks gestation underwent an emergency caesarean section as she was planned for a repeat elective caesarean section in early labour. Her history was significant for gestational diabetes, anxiety, and depression. Following spinal anaesthetic and excision of her previous caesarean section scar, she had profound hypotension and bradycardia which were treated with phenylephrine and ephedrine with a subsequent haemodynamic overshoot to a systolic blood pressure of 200. The baby had Apgars of 7 and 9 with normal cord gases. An urgent postpartum echocardiogram was suggestive of TCM and she was transferred to the coronary care unit. Repeat echocardiogram three weeks postpartum demonstrated improved cardiac function and the patient was clinically well.

Discussion

Takotsubo cardiomyopathy is an important differential diagnosis in cases of new systolic dysfunction in pregnancy. Takotsubo cardiomyopathy is an under-diagnosed form of cardiomyopathy and should be considered, particularly in patients with risk factors, namely a history of psychiatric disorders. Prompt diagnosis with an echocardiogram and multidisciplinary involvement is linked to earlier recovery of cardiac function.